

Name in Full

Certificate of Death

Died at

Date 189

A

Male

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

Mother's

Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65558



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

ColoredSingle

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

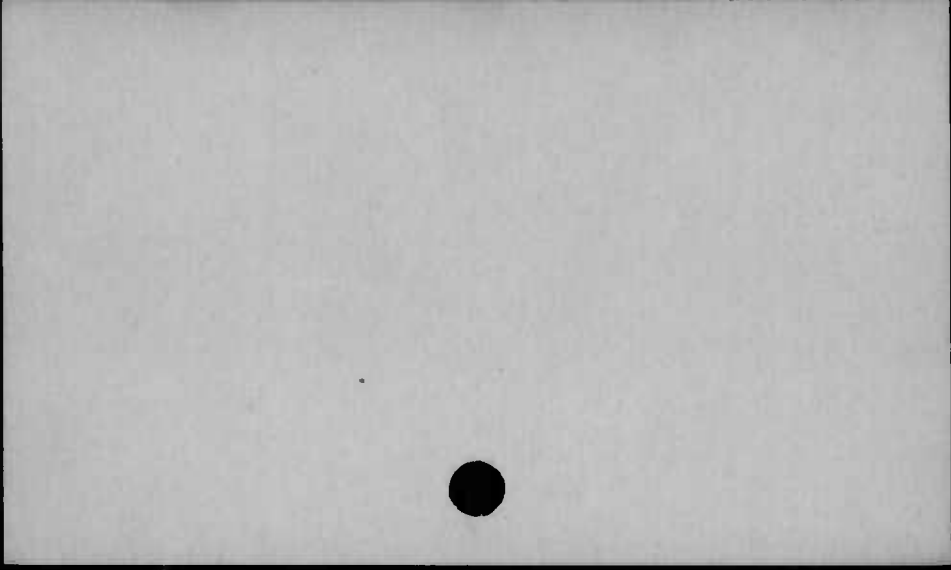
Reported by

Lester Hollamper Aug. 26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1896



Julia A. Clopper.
 near ^{Town} Rohrerstown ^{County} Wash.

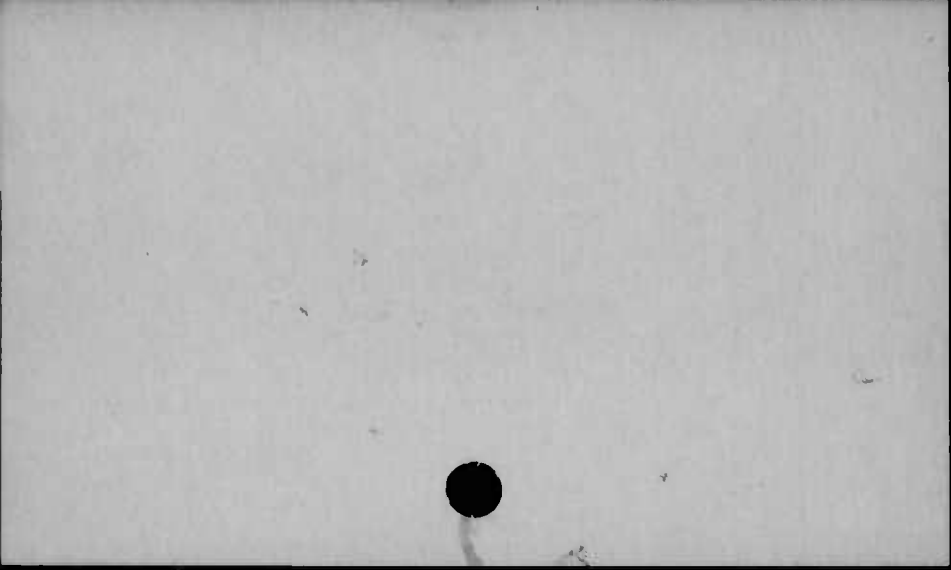
MARYLAND

Died: ^{Month} Aug. ^{Day} 23. ^{Y.} 54. ^{M.} 7. ^{D.} 14. ^{Native of} Wash. Co. ^{Occupation} Housewife
^{White} ^{Married} ^{Female} ^{Number of children living} one

Husband - Robert A. Clopper.
 Wife
 Father's Name Samuel Beeler. Mother's Name Elizabeth Huffer.

Cause of Death { Primary Malarial Fever. 1
 Immediate Hemorrhage. Intestinal
 How long sick 2 weeks.
 Accident ~~Contaminated Food~~

Reported by C. D. Baker, M. D.
 Address Rohrerstown Wash. Co. Md.



Tom Edmiston
 Town

County

Died at

Hagerstown
 Month Day

Washington
 Y. M. D. Native of

MARYLAND

Date 189*8*

8 25
 Month Day

Age *75* 1

Y. M. D.

Native of

Occupation

Machinist

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children living *1*

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of { Primary

Death { Immediate

Stomach trouble
81

How long sick

~~Accident Suicide Homicide~~

Reported by

Daily Mail (Hagerstown) Aug. 26

Address

10/10/10 10/10/10 10/10/10 10/10/10
10/10/10 10/10/10 10/10/10 10/10/10



Name in Full

Certificate of Death

Town

County

Died at

Date 1898

Male

Month

Day

Age

Y.

M.

Native of

Occupation

MARYLAND

~~Female~~

White

Married

~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
ofFather's
NameMother's
Name

Cause of { Primary

Death { Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968



Name in Full

Certificate of Death

John Gehrsman

Died at

Town

County

MARYLAND

Clear Spring

Washington

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

8-23

Age 75-

Inventor

Male

White

Married

Widow

Divorced

FemaleColored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Leader (Williamsport) Aug. 26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55955



Name in Full

Certificate of Death

Raymond Mathew Gorsuch.

Town

County

Died at

Hagerstown Washington

MARYLAND

Date 1898

Month 8 Day 29 Y. 4 M. 29 Native of Md. Occupation Child

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of Child~~ living

Husband

of

Wife

Father's

Name

H. Edward Gorsuch

Mother's

Name

Lula. Gorsuch

Cause of

Primary

Marasmus

How long sick

One month

Death

Immediate

Enteritis

82

Accident, Suicide, Homicide

Reported by

Address

J. E. Pitsinger
Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Died at

Date 189

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

8

5-30

Age

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored~~Single~~~~Widow~~

Number of children living

2

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

16

Accident, Suicide, Homicide

Reported by

Address

Leader Williamsport
P-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Name in Full

Certificate of Death

Jacob. Calvin. Baker

Town

County

Died at

MARYLAND

Date 1898 8 Month 16 Day 16 Y. 16 M. 5 D. 10 Native of Wash Co Occupation Farmer
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living 0

Husband
of
Wife

Father's Name George W. Baker

Mother's Name Lydian Smith

Cause of Death { Primary Gaunidia 92 How long sick 8 weeks
 Immediate " Acc~~ident~~, Suicide, Homicide

Reported by

Address

J. J. Younte M D
Brunsville Wash Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1900



Name in Full

Certificate of Death

Catherine W. Laughlin

Town

County

Died at

Clear Spring

Washington

MARYLAND

Date 189

8

Month

8

Day

25

Age

Y.

80

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Husband

of

Wife

Father's

Name

John W. Laughlin

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

161

Accident, Suicide, Homicide

Reported by

Hagerstown Morning Herald Aug 26th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Blanche May Miner

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

~~Aug~~ 24

Age

Y.

M.

D.

6. 18.

Native of

Md

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Frank B. Miner

Mother's

Name

Sarah E. Miner

Cause of

Primary

Marasmus

How long sick

Two Months

Death

Immediate

Cholera Infantum

82

Accident, Suicide, Homicide

Reported by

Joseph Proffman M. D.

Address

Ringgold Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Nelson Morgan
 Town County
 Died at Downsville, Washington MARYLAND
 Date 1895 Aug 23 Age 40.9.28 Male White Married ~~Widow~~ ~~Divorced~~ Native of Md Occupation Shoemaker
 Number of children living 1

Husband of Sarah Ellen Willard
 Father's Name Dennis Morgan Mother's Name Sarah Jones

Cause of Death { Primary Mitral Stenosis How long sick 10 mo
 Immediate Heart Failure 57 ~~Accident, Suicide, Homicide~~

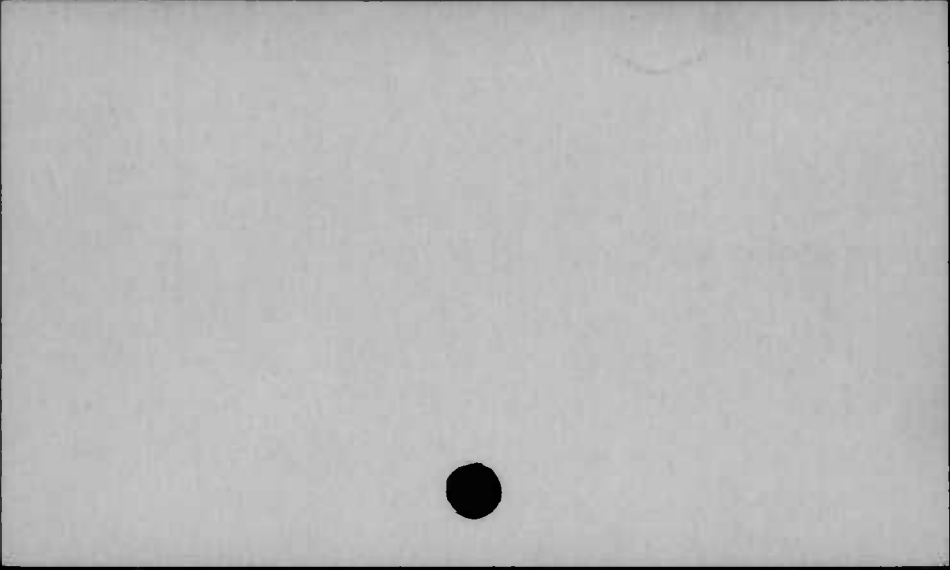
Reported by V. M. Reichard M.D.
 Address Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65000



Name in Full **Jacob M. Mullendore**
 Died at **Rohersville** ^{Town} **Wash. Co.** ^{County} **MD.** **MARYLAND**
 Date 189 **8** ^{Month} **8** ^{Day} **4** ^{Y.} **66** ^{M.} **9** ^{D.} **17** ^{Native of} **Maryland** ^{Occupation} **Farmer**
 Male **White** **Married** **Widow** ~~Married~~
 Female **Colored** **Single** **Widower** **Number of children living** **8**
 Husband of **Elizabeth Gloss**
 Father's Name **Jacob Mullendore** Mother's Name **Catherine Blecker**
 Cause of Death { ^{Primary} **General Debility** ^{How long sick} **2 weeks**
 { ^{Immediate} **Excessive heat** **153** ~~Accident, Suicide, Fumicide~~
 Reported by **C. D. Baker, M. D.**
 Address **Rohersville Wash. Co. MD.**



Name in Full

Certificate of Death

Died at

Date 189

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Amazon
Mrs. Annem Myers
Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Hagerstown
8 22

Age

83

Washington

MARYLAND

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Mother's

Name

Old age
141

How long sick

Immediate

~~Accident, Suicide, Homicide~~

Daily Mail

August 26 (Hagerstown)

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

f

f

Age

16

~~Male~~

White

~~Marrried~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

161

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

THAT THE



W. F. Rick

Town

County

MARYLAND

Died at

Williamsport

Washington

Date 189

8

Month

8

Day

21

Y.

30

M.

D.

Native of

Occupation

Minister

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Typhoid fever 1

How long sick

2 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Cumberland Independent

Aug 26th

Address





Died at

Pineburg

Town

County

Washington

MARYLAND

Date 1898

Month

Day

8 25

Age

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Harry Shaffer

Mother's

Name

Shaffer

Cause of

Primary

Death

Immediate

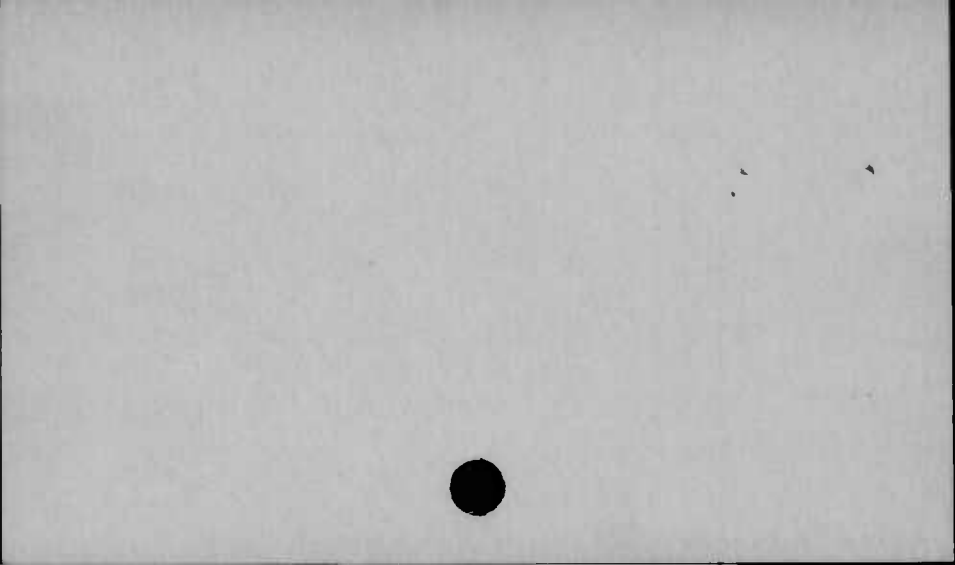
How long sick

Accident, Suicide, Homicide

Reported by

Daily Mail (Hagerstown) Aug. 26

Address



Conrad Sippel

Died at *Augustown* Town *Washington* County *MARYLAND*

Date 189*5* Month *8* Day *8* Y. *90* M. *-23* D. *Germany* Native of *Germany* Occupation *21*

Husband of
Wife

Father's
Name

1741
Mother's
Name

Cause of { Primary
Death { Immediate

General debility

How long sick

Accident, Suicide, Homicide

Reported by

Daily Mail Augustown
9-3

Address



Name in Full

Certificate of Death

Wilber Crafts Brubecker, Swisher

Died at

Stantown Washington MARYLAND

Date 1898

Month Day Y. M. D. Native of Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widowar

Number of children living 00

Husband of

Wife

Father's

Name

Daniel Swisher

Mother's

Name

Jennie Swisher

Cause of

Primary

Cholera infantum

How long sick

20 hours

Death

Immediate

Spasms 82

Accident, Suicide, Homicide

Reported by

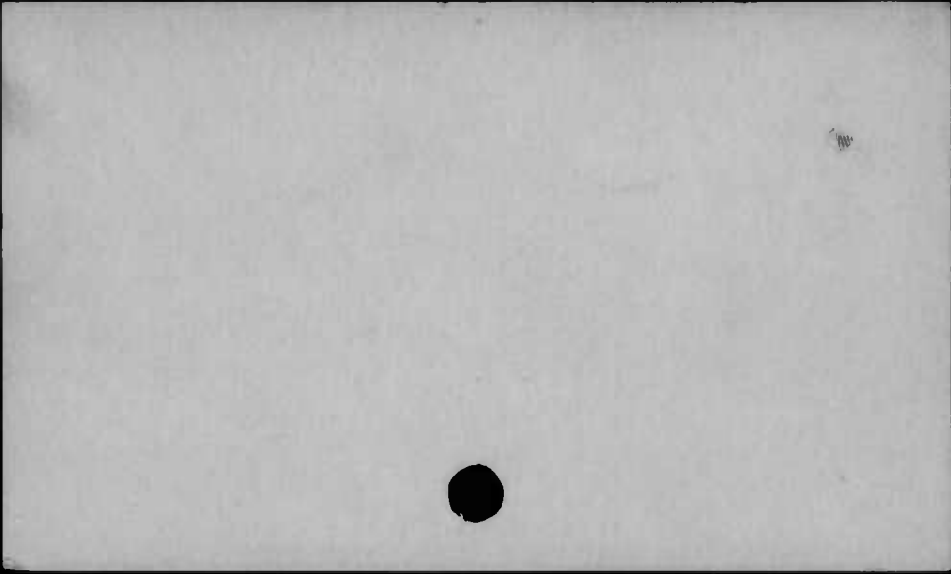
J. H. Wishard M. L.

Address

Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Date 189

Male

~~Female~~Husband
of
Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Capt. Middleton Thompson

Town

County

Sandy Hook

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

R.R. conductor

Age 45

Married

~~Widow~~~~Divorced~~~~Widower~~

Number of children living

6

Mother's

Name

Primary

Immediate

Railroad accident

How long sick

145 d
Accident, ~~Suicide~~, ~~Homicide~~

Daily News (Frederick) Aug. 26

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age
Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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